

## **FRP APPORTIONED REGISTRATION APPLICATION**

Arizona – Schedule A or C and B

New Information as of January 1, 2015

The Full Reciprocity Plan (FRP) will change the Plan to make the Plan more efficient, more equitable and more flexible for its member jurisdictions and registrants by granting full reciprocity for all apportioned vehicles in all member IRP jurisdictions and removing from the Plan any provisions related to estimated distance.

Review these guidelines before completing the application. All information on each applicable schedule must be completed. **To prevent processing delays**, please check your completed application carefully.

If you have any questions, please call Phoenix 602-712-6775, Tucson 520-628-5458, elsewhere in Arizona 800-251-5866, (Hearing/Speech Impaired–TDD systems only: Phoenix 602-712-3222, elsewhere 800-324-5425) or visit [www.azdot.gov](http://www.azdot.gov).

New or renewal application:

- Complete schedules A and B

If adding vehicles or making changes:

- Complete schedule C

### **The following are required:**

- USDOT number (apply online at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov))
- Proof of vehicle ownership (title, bill of sale, registration, etc.)
- International Fuel Tax Account number or apply for IFTA form # 70-0508
- Federal Heavy Weight Vehicle Use Tax payment receipt (form 2290) for vehicles registered as 55,000 lbs. and above
- Equipment lease agreement (for leased vehicles)
- Authority lease agreement (for leased DOT and operating authority)

These completed MVD forms (available at [www.azdot.gov](http://www.azdot.gov)) are necessary to obtain a title:

- Title and Registration Application, form # 96-0236
- Original title/ MCO or copy of out of state title (for ARO)
- Power of Attorney – Motor Carrier, form # 96-0441 (when applicable)
- Lessor Authorization, form# 40-0207, if applicable (when applicable)



Motor Vehicle Division

70-0502 R09/14 azdot.gov

## FRP APPORTIONED REGISTRATION APPLICATION

Applicant Name		Contact Person Name		
Doing Business As		Phone (     )		
Street Address	City	County	State	Zip
Mailing Address (if different from above)		City	State	Zip

### Schedule A or C

E-mail Address

1	2	3	4	5	6	7	8	9	10	11	12
Tran Type	Unit #	Vehicle Identification Number	Year	Make	Veh Type	Axles/ Seats	Fuel	Unladen Weight	Combined Gross Vehicle Weight (GVW)	Purchase Price	Factory List Price

Transaction Types

A- Add Vehicle C- Correction D- Delete T- Transfer R- Renew

Fuel Types

D- Diesel G- Gas P- Propane

Reporting Period

July 1,                      to June 30,

### Schedule B Original Mileage

List below the mileage for each jurisdiction in which you traveled during the Reporting Period above.

Jurisdiction	Mileage	Jurisdiction	Mileage
AL- Alabama		KY- Kentucky	
AK- Alaska		LA- Louisiana	
AZ- Arizona		ME- Maine	
AR- Arkansas		MD- Maryland	
CA- California		MA- Massachusetts	
CO- Colorado		MI- Michigan	
CT- Connecticut		MN- Minnesota	
DE- Delaware		MS- Mississippi	
DC- Dist. of Columbia		MO- Missouri	
FL- Florida		MT- Montana	
GA- Georgia		NE- Nebraska	
ID- Idaho		NV- Nevada	
IL- Illinois		NH- New Hampshire	
IN- Indiana		NJ- New Jersey	
IA- Iowa		NM- New Mexico	
KS- Kansas		NY- New York	

Jurisdiction/Weight (Show weight for each jurisdiction where you will operate at a weight other than GVW shown above.)

Comments

Application Type

☐ Original    ☐ Renewal    ☐ Supplemental

FRP APPORTIONED REGISTRATION APPLICATION

Registration Year	EIN/TIN	Applicant USDOT#	MVD Account #	Fleet #	Sales Tax Exemption #
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MVD Use	Expiration Cycle Date	Effective Date	Entered	T & R Update	Reduced Rate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	2290 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Fees Based On Months	Haul For Hire	Reviewed	Posted Paid	Alternate Fuel	Other

13	14	15	16	17	18	19	20
Purchase /Lease Date	Effective Date	Horse-power	Lessor Name	Vehicle US DOT Number	Taxpayer ID Number	* Safety Change?	Plate Number

\* Is the carrier responsible for safety expected to change? (Y/N)

Operation Type	Wyoming Intrastate Authority
<input type="checkbox"/> Private Carrier <input type="checkbox"/> Haul For Hire <input type="checkbox"/> Household Goods (private) <input type="checkbox"/> Household Goods (for hire)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Jurisdiction		Mileage	Jurisdiction		Mileage
NC-	North Carolina		WI-	Wisconsin	
ND-	North Dakota		WY-	Wyoming	
OH-	Ohio		AB-	Alberta	
OK-	Oklahoma		BC-	British Columbia	
OR-	Oregon		MB-	Manitoba	
PA-	Pennsylvania		NB-	New Brunswick	
RI-	Rhode Island		NF-	Newfoundland	
SC-	South Carolina		NS-	Nova Scotia	
SD-	South Dakota		NT-	Northwest Terr. Territory	
TN-	Tennessee		NU-	Nunavut	
TX-	Texas		ON-	Ontario	
UT-	Utah		PE-	Prince Edward Is	
VT-	Vermont		PQ-	Quebec	
VA-	Virginia		SK-	Saskatchewan	
WA-	Washington		YT-	Yukon	
WV-	West Virginia		MX-	Mexico	

When adding jurisdiction, mileage should reflect:

Total Fleet Mileage

I certify that I have knowledge of the federal and Arizona motor carrier safety and hazardous material laws and regulations and that the information on this application and its attachments is true and correct.

Signature	Title	Date
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